



**THE TOPEKA HOUSING AUTHORITY**  
**2010 S.E. CALIFORNIA AVENUE**  
**TOPEKA, KANSAS 66607**  
**Phone (785) 357-8842 FAX (785) 357-2648**

**PRELIMINARY APPLICATION FOR PARTICIPATION IN THE**  
**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

**PLEASE PRINT CLEARLY:**

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ Date application submitted to THA \_\_\_\_\_ TIME \_\_\_\_\_  
OTHER NAMES USED \_\_\_\_\_ PHONE \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Message: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN CURRENT ADDRESS: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY COMPOSITION**

|    | <i>Name(s)</i> | <i>Relationship</i> | <i>Date of Birth</i> | <i>City and State of Birth</i> | <i>Sex</i> | <i>Age</i> | <i>Race</i> | <i>Social Security Number</i> |
|----|----------------|---------------------|----------------------|--------------------------------|------------|------------|-------------|-------------------------------|
| 1. |                | HEAD                |                      |                                |            |            |             |                               |
| 2. |                |                     |                      |                                |            |            |             |                               |
| 3. |                |                     |                      |                                |            |            |             |                               |
| 4. |                |                     |                      |                                |            |            |             |                               |
| 5. |                |                     |                      |                                |            |            |             |                               |
| 6. |                |                     |                      |                                |            |            |             |                               |
| 7. |                |                     |                      |                                |            |            |             |                               |
| 8. |                |                     |                      |                                |            |            |             |                               |

**The Topeka Housing Authority has a preference for working families. Also included in this preference are elderly or disabled families. To qualify for the preference, the head of household and/or the spouse must either be working, elderly, or disabled. Please mark all of the following that apply:**

\_\_\_\_ Working                      \_\_\_\_ Elderly or Disabled                      \_\_\_\_ Not claiming a preference

**Please mark all income for your family and indicate monthly amounts:**

\_\_\_\_ Employed: \$ \_\_\_\_\_ Name of person employed: \_\_\_\_\_  
\_\_\_\_ SSI/SSDI/SS: \$ \_\_\_\_\_ Place of employment: \_\_\_\_\_  
\_\_\_\_ SRS: Cash assistance: \$ \_\_\_\_\_ Name of person receiving: \_\_\_\_\_  
\_\_\_\_ Unemployment: \$ \_\_\_\_\_ Food stamps: \$ \_\_\_\_\_  
\_\_\_\_ Child Support: \$ \_\_\_\_\_  
\_\_\_\_ Pension: \$ \_\_\_\_\_  
\_\_\_\_ No income of any kind  
\_\_\_\_ Other (please explain) \_\_\_\_\_

Your name will be placed on the Section 8 waiting list according to any claimed preference first, following by date and time of application. If your family situation changes, your ability to qualify for a preference may also change. You should notify the Housing Authority in writing if you wish to claim a preference or no longer qualify for a preference after your initial application. Claimed preferences will be verified by housing authority staff.

Section 8 must have an accurate address for you. You must notify THA's Section 8 Program in writing within 10 business days every time you change your address. Your name may be removed from the waiting list if the address on file for you is incorrect.

When your name comes to the top of the Section 8 Waiting List, you will be notified in writing of a date and time to come in for an interview to complete additional paperwork. If you owe a housing authority money, it has to be paid before your application can be processed.

**NOTE: APPLICATIONS MISREPRESENTING ANY FACTS WILL BE SUBJECT TO CANCELLATION.**

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

\_\_\_\_\_  
Signature of Head of Household \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Adult in Household \_\_\_\_\_ Date

Necesita usted interprete Español? \_\_\_\_\_ Si \_\_\_\_\_ No

*Please keep a copy of this Preliminary Application. This is your receipt.*